

Assessing Risk: *Iron-Deficiency Anemia*

Routine hemoglobin or hematocrit testing is recommended for infants under 12 months with the following risk factors:

- preterm infants
- low birthweight infants
- infants who are not fed iron-fortified formula
- breastfed infants without additional iron source after 6 months of age
- infant fed cow's milk before 12 months of age
- limited access to food
- neglect
- history of iron deficiency or anemia
- children with special health needs (conditions or medications that suppress appetite or interfere with iron absorption, e.g., chronic infection, inflammatory disorders, restricted diets, extensive blood loss)
- other medical conditions

Perform routine hemoglobin or hematocrit testing at 12 months for all infants.

Routine hemoglobin or hematocrit testing is recommended for children 12 to 24 months of age with the following risk factors:

- diet low in iron
- limited access to food
- neglect
- intake of more than 24 ounces of cow's milk per day
- history of iron deficiency or anemia
- other medical conditions
- children with special health needs (conditions or medications that suppress appetite or interfere with iron absorption, e.g., chronic infection, inflammatory disorders, restricted diets, or extensive blood loss)

Routine hemoglobin or hematocrit testing is recommended for children 2 to 12 years of age (males to 18 years of age) with the following risk factors:

- **diet low in iron**
- **limited access to food**
- **neglect**
- **history of iron deficiency or anemia**
- **other medical condition**
- **children with special health needs**
(conditions or medications that suppress appetite or interfere with iron absorption, e.g., chronic infection, inflammatory disorders, restricted diets, or extensive blood loss)

Perform routine anemia screening once during adolescence for all menstruating females.

Routine hemoglobin or hematocrit testing is recommended for females 12 to 18 years of age with the following risk factors:

- **diet low in iron**
- **history of iron deficiency or anemia**
- **limited access to food**
- **neglect**
- **children with special health care needs**
(e.g., conditions or medications that suppress appetite or interfere with iron absorption, chronic infection, inflammatory disorders, restricted diets, extensive blood loss, as from a wound, accident or surgery)
- **excessive menstrual blood loss**
- **chronic dieting, weight loss**
- **athletic activity**
- **other medical indications**

Some sources consider African-American, Native American and Native Alaskan heritage, and immigrant status from developing countries to be risk factors for iron deficiency anemia.

References :

Centers for Disease Control. Recommendations to prevent and control iron deficiency in the United States. MMWR 3 April 1998;47(RR-3):1-29.

Green M. (Ed.). Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents. Arlington, VA: National Center for Education in Maternal and Child Health, 1994.

United States Preventive Services Task Force. Guide to Clinical Preventive Services (2nd ed.). Baltimore: Williams and Wilkins: 1996.